

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318-UNK

SL-2985

1003

11307

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUISLength of stay in 1b
5 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VETS ADM HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN PINE LAWN

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 3718 SYLVAN PLACE (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
PIERREMiddle
J.Last
PONTAL

4. DATE OF DEATH

Month
NOVEMBERDay
23Year
19625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-2-919. AGE (last birthday)
71IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
POST OFFICE CLERK10b. KIND OF BUSINESS OR INDUSTRY
U.S. Govt11. BIRTHPLACE (City and state or country)
ST. LOUIS, MISSOURI12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Calixte Pontal

13b. MOTHER'S MAIDEN NAME

Nellie Barry

14. NAME OF HUSBAND OR WIFE

MARGARET PONTAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
yes16. SOCIAL SECURITY NO.
None17. INFORMANT
MARGARET PONTAL (WIFE) SEE 2 ABOVE18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SEVERE PULMONARY EDEMA AND HYDRO THERAX

INTERVAL BETWEEN
ONSET AND DEATH

ACUTE MYOCARDIAL INSUFFICIENCY

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
BILATERAL BRONCHOPNEUMONIAPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 11-18-62
Death occurred at 2:05 AM

to 11-23-62

and last saw her him alive on 11-23-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Albert P. Kovac

(Degree or title)

ALBERT P. KOVAC M.D.

22b. ADDRESS

VAH ST. LOUIS, MO.

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11/26/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

Shepard Funeral Home 1167 Hamilton Ave

ADDRESS

25. DATE RECD. BY LOCAL REG.

NOV 26 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~and~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence O. Harding

Licensed Embalmer No. 4279

P. O. Address Barkley, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.